POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_wap_		10/299
O.I.P.E. CLASSIFIER		_48_	10/5/99
FORMALITY REVIEW		70008	10-22-99
			2-1-00

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected	
=	.... Allowed		I	.... Interference	
—	(Through numeral)... Canceled		A	.... Appeal	
÷	.... Restricted		O	.... Objected	

Claim		Date									Claim		Date									Claim		Date								
Final	Original										Final	Original											Final	Original									
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49											99												149										
50											100												150										

If more than 150 claims or 10 actions
staple additional sheet here

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